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| <b><i>Index of Claims</i></b><br><br> | <b>Application/Control No.</b><br><br>10523106 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>DAIRIKI ET AL. |
|  | <b>Examiner</b><br><br>Sullivan, Danielle      | <b>Art Unit</b><br><br>1616  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |            |            |            |            | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |
|--|----------|------------|------------|------------|------------|------------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM  |          | DATE       |            |            |            |            |                              |  |                               |  |                                 |  |
| Final  | Original | 07/16/2007 | 01/15/2008 | 09/09/2008 | 03/28/2009 | 11/12/2009 |                              |  |                               |  |                                 |  |
|  | 1        | ✓          | ✓          | ✓          | ✓          | ✓          |                              |  |                               |  |                                 |  |
|  | 2        | ✓          | ✓          | ✓          | ✓          | ✓          |                              |  |                               |  |                                 |  |
|  | 3        | ✓          | ✓          | ✓          | ✓          | ✓          |                              |  |                               |  |                                 |  |
|  | 4        | ✓          | ✓          | ✓          | ✓          | -          |                              |  |                               |  |                                 |  |
|  | 5        | ✓          | ✓          | ✓          | ✓          | ✓          |                              |  |                               |  |                                 |  |